A Case of Intrahepatic Cholangiocarcinoma with Marked Mucus Production

A 63-year-old woman complaining of abdominal distension was referred to our hospital. She had a past history of common bile duct and gallbladder resection for pancreaticobiliary maljunction 35 years ago, and liver lateral bisegmentectomy (S2 and S3) for intrahepatic lithiasis 22 years ago.

Computed tomography images demonstrated a large cystic mass occupying the right liver, containing irregularly shaped solid components inside (Fig. 1: arrows) and the swollen right adrenal gland. On the radiological diagnosis of biliary cystadenocarcinoma with adrenal gland metastasis, resection was recommended, but the patient refused surgery. During 4 months of observation, the size of the tumor increased from 12 to 14 cm in diameter. Intermittent right quadrant pain appeared and the serum carcinoembryogenic antigen level increased from 16.9 to 25.8 ng/ml. At this time, she underwent right hemihepatectomy combined with right adrenal gland resection.

The resected specimen contained a large amount of mucus, yellowish fragile substances and a solid component (Fig. 2: arrowheads). Histologically, the solid component consisted of mucinous carcinoma (Fig. 3) and ‘ovarian-type stroma’, which is characteristic of biliary cystadenocarcinoma, was not observed in the tumor. Thus, the tumor was finally diagnosed as intrahepatic cholangiocarcinoma with cystic change due to marked mucus production, accompanied by adrenal gland metastasis. There was no premalignant lesion associated with pancreaticobiliary maljunction in the intrahepatic bile ducts of the resected specimen. The patient is doing well without recurrence 6 months after the operation.

Taihei Oshiro and Minoru Esaki
Hepatobiliary and Pancreatic Surgery Division
National Cancer Center Hospital
Tokyo, Japan
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